

APPROVAL OF SETTLEMENT AND APPROVAL OF PROPOSED DISTRIBUTION

Client: Janel Clark

Claim: INCIDENT OF 12/23/2022

GROSS RECOVERY: \$137,500.00

LESS ATTORNEY'S FEE- (40%) (-\$55,000.00)
Simon & Simon, PC (-\$33,000.00)
Top Dog Law (-\$22,000.00)

LESS LEGAL COSTS: (-\$15,444.29)
Simon & Simon, PC (-\$15,444.29)
Top Dog Law (-\$0.00)

LESS MEDICAL COSTS:

PIP: None S/F

Health: Personal Choice—lien

1. Rothman Orthopaedics Acct # 3774694	(-\$74.00)
2. Philadelphia Spine Center (\$2,513.00)	(-\$1,500.00)
3. Open MRI of Northeast (\$7,500.00)	(-\$2,500.00)
4. Premier Pain & Rehab Center, PC (\$500.00)	(-\$200.00)
5. Equian (\$13,180.21) Event # 159665199	(-\$7,908.12)

CURRENT NET RECOVERY: \$54,873.59

I, Janel Clark, have been informed by Simon & Simon, P.C., that there is a potential outstanding balance with **Capital Health Medical Center Hopewell and its affiliates, and/or Rothman Orthopaedics** relating to treatment I received for my 12/23/2022 slip and fall accident. I have acknowledged that Simon & Simon, P.C., has attempted to secure the balance but has not been successful despite multiple attempts to **Capital Health Medical Center Hopewell and its affiliates, and/or Rothman Orthopaedics**. I have had an opportunity to speak to other counsel outside of Simon & Simon, P.C. and I do not wish for Simon & Simon, PC, to continue to engage with **Capital Health Medical Center Hopewell and its affiliates, and/or Rothman Orthopaedics**. I understand and authorize Simon & Simon, P.C., to make distribution of my settlement without satisfying the potential balance with **Capital Health Medical Center Hopewell and its affiliates, and/or Rothman Orthopaedics**. I further understand I am making this decision against the advice of Simon & Simon, P.C. I understand that, should a balance arise in the future and payment is demanded by **Capital Health Medical Center Hopewell and its affiliates, and/or Rothman Orthopaedics** that it is my responsibility to satisfy the bill and I agree to indemnify and hold harmless Simon & Simon, P.C., from any claim made by **Capital Health Medical Center Hopewell and its affiliates, and/or Rothman Orthopaedics** against me arising from medical bills related to my 12/23/2022 lawsuit.

J.C.
Initials

I approve settlement of claim in amount noted under **Gross Recovery** above, and approve distribution as proposed above. I understand that the payment received by virtue of this settlement represents the **TOTAL** money which will be received for injuries suffered in the above accident, and that this matter **MAY NOT BE REOPENED**, even if medical condition worsens or a new injury becomes apparent hereafter. I will also be responsible for payment of any outstanding bill for medical or other services arising out of this incident, to the extent such claim may be legally asserted and will also be responsible for any subrogation claim which may be asserted, including but not limited to attorney's fees and court costs in the action

3/26/2025
Date

Janel Clark
Signature